

HIV/AIDS

Last Revised: 10/2001

HIV / AIDS

The human immunodeficiency virus - or HIV for short - is the name of the virus that causes the condition known as AIDS (Acquired Immunodeficiency Syndrome). HIV destroys the body's immune system and makes it unable to fight-off certain infections and cancers.

How do children get HIV?

The two primary means through which children become infected with HIV are: 1) through maternal transmission (i.e., the transfer of HIV from mother-to-child during pregnancy, childbirth or breastfeeding), and 2) from transfusions of blood or blood products that contain the virus.

Infants and mothers infected with HIV

Transmission of HIV from mother - child is the primary way children become infected. Between 25-30% of infants born to women with HIV infection will be infected with HIV if not tested and treated with AZT. If HIV positive women are treated while pregnant, transmission to infants may be as low as 8%.

Recipients of blood and blood products

The majority of children who get HIV after receiving blood products were born prematurely and had multiple blood transfusions. This mode of transmission will become exceedingly rare, as the nation's blood supply has been screened for HIV since July 1985.

Can HIV be spread in child care settings?

No documented cases of HIV infection have been traced to kissing, biting, playing with an infected child, or sharing food, eating utensils, toys or bathroom facilities.

Sexual transmission of HIV

In infected people, HIV is found in blood, mother's milk, semen and vaginal secretions. HIV transmission as a result of anal, vaginal or sexual intercourse has been well documented. HIV infection in children as a result of sexual abuse has also been seen.

How is HIV diagnosed?

In adults and older children, HIV infection is documented through HIV - antibody testing. However, use of HIV-antibody testing in children less than 18 months old may be confounded by the presence of maternally acquired HIV antibodies. Other laboratory tests such as viral culture; nucleic acid detection or antigen tests are useful in determining HIV infection in these children.

What are the symptoms?

There are a wide range of signs and symptoms seen in HIV-infected children. Symptoms may include failure to thrive, weight loss, fever, mild to severe developmental delay, neurological deterioration and severe, prolonged or recurrent infections. In general, the interval from HIV infection to the onset of symptoms is shorter in children than in adults. In infants infected by maternal transmission, the average age at diagnosis of AIDS is 9 months. However, some HIV-infected children have remained symptom free for greater than 10 years.

Should children with HIV be enrolled in child care?

Yes! Studies continue to show **no evidence of transmission** of HIV within the child care setting. HIV infected children should therefore be enrolled in day care if their health, neurological development, behavior and immune status are appropriate. The decision as to whether or not a child with known HIV infection may be enrolled in child care should be made on a case-by-case basis. The decision is best made by the child's healthcare provider.

Reportable?

Yes, both HIV infection and AIDS are reportable by New Hampshire law.